

Family Care Center
Volunteer Confidentiality Agreement

I have been made aware of the issues regarding strict confidentiality about information available to me in the position of volunteer for the Division of Family Services. All information obtained will be strictly for the purpose of executing my responsibilities as a volunteer. All information obtained will be kept confidential. This agreement applies to all information regarding personnel and client matters. Violation of this confidentiality agreement will result in my dismissal.

Signature of Volunteer

Date

WITNESSED:

Volunteer Coordinator